



City of Deltona

Building and Enforcement Services
2345 Providence Blvd, Deltona, FL 32725
Permitting: (386) 878-8650 – (386) 878-8660
Zoning: (386) 878-8665 - Fax (386) 878-8651
Permitting@deltonafl.gov

Permit Number _____

FIRE INSPECTION REQUIRED: Yes _____ No _____

COMMERCIAL CHANGE OF USE/ OCCUPANCY PERMIT APPLICATION

TYPE OR
PRINT IN
BLACK OR
BLUE INK
ONLY

FBC 2020 –
7th Edition
NEC 2017

PROJECT
LOCATION:

PROJECT
DESCRIPTION:

BUSINESS OWNER:

Include Business Name:
Name of Business Owner:
Mailing Address:

Business Phone Number
and Email Address:

Property Owner's Name	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	

CHANGES TO LAYOUT	USE/OCCUPANCY	AREA	ELECTRICAL	WATER
<input type="checkbox"/> YES <input type="checkbox"/> Build-out SUITE #. _____	CONSTRUCTION Type: _____ Occupancy Type: FROM _____ TO _____	Existing sq ft _____ Additional sq ft _____ Total sq ft _____	Panel Size: _____ amps <input type="checkbox"/> FPL <input type="checkbox"/> DUKE	<input type="checkbox"/> Municipal <input type="checkbox"/> Deltona Water <input type="checkbox"/> Volusia County Utilities _____
ALCOHOL SERVED <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Occupants: _____	PLUMBING <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Permit No. _____	ESTIMATED VALUATION : \$ _____ Signature of Applicant _____ Date _____ (Contractor's Signature to be notarized)	

STATE OF FLORIDA, COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____
who is personally known to me or who has produced _____ (type of identification).

Signature of Notary Public State of Florida Print, Type or Stamp Name of Notary (SEAL):

The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate.

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE: _____